

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT'S

FILING DATE

10/572947

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2								51					
3								52					
4								53					
5								54					
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46								95					
47								96					
48								97					
49								98					
50								99					
TOTAL DCL.								100					
TOTAL DEP.								TOTAL DCL.					
TOTAL CLAIMS								TOTAL DEP.					
								TOTAL CLAIMS					